

Professional Photographers of the Ozarks, Inc.

Membership Application

ELIGIBILITY.....Any individual Professional Photographer who is available for assignment on a regular basis, has a permanent studio location, and either applies 50% of his his/her time to photography or derives more than 50% of his/her income from photography, and satisfies Federal, State, and Local requirements for a business license.

Name: _____
Studio Name: _____
Studio Address: _____
City: _____ State: _____ Zip: _____
Studio Phone: _____ Home Phone: _____
PPA Membership #: _____

Circle PPA Degrees Earned:

M. Photog. Craftsman CPP ASP Other

E-mail Address: _____

Web Address: _____

Your main area of specialization: () Portrait () Wedding () Comm./Industrial () Artist

PPO Sponsor's Name: _____

MEMBERSHIP DUES

\$40.00 SINGLE STUDIO REPRESENTATIVE

\$60.00 TWO OR MORE REPRESENTATIVES

CODE OF ETHICS.....I, AS A REQUIREMENT FOR ADMISSION TO AND RETENTION OF MEMBERSHIP AND PARTICIPATION IN THE PROFESSIONAL PHOTOGRAPHERS OF THE OZARKS, AGREE TO STRIVE AT ALL TIMES TO UPGRADE AND IMPROVE MY KNOWLEDGE AND SKILL OF PROFESSIONAL PHOTOGRAPHY, MARKETING, AND EDUCATION.

1. Strive to present all photographic services in a manner which reflect the highest levels of professionalism.
2. Deal with all uses of photography and the general public with honesty and integrity.
3. Not use any marketing or competitive practice which violates the Federal Trade Commission, or other Federal or State regulatory agency rule or regulation, or Federal or State statute or any Federal or State Court.
4. Strive at all times to produce photography and photographic services in accordance with the highest levels of professionalism.
5. In all dealings with my fellow photographers, students, and others who aspire to be professional photographers, I shall share the knowledge and skill of professional photography.
6. Support efforts for and assist in the education of all interested persons and the general public in the art and science of professional photography.

SIGNATURE: My signature on this document attests that all statements made by me are to the best of my knowledge and further attest that I have read and agree with reservation, to abide by the Code of Ethics of the Professional Photographers of the Ozarks, Inc., I further understand that failure to do so may result in expulsion from the Association.

SIGNATURE: _____ DATE: _____

Make check payable to: Professional Photographers of the Ozarks, Inc.
1818 N. Taylor P.O. Box 174 • Little Rock, AR 72207 • 501-666-8716